

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/049313

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		21					53						
4		CH1					54						
5		CH1					55						
6		CH1					56						
7		CH1					57						
8		CH1					58						
9		CH1					59						
10		CH1					60						
11		CH1					61						
12		CH1					62						
13		CH1					63						
14		CH1					64						
15		CH1					65						
16		CH1					66						
17		CH1					67						
18		CH1					68						
19		CH1					69						
20		CH1					70						
21	1						71						
22		1					72						
23		21					73						
24		CH1					74						
25		CH1					75						
26		CH1					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						